

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

PATENT  
Total Pages

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Daniel C. Sigg et al.**  
TITLE: **ELECTROPORATION CATHETER WITH SENSING CAPABILITIES**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 323 972 095 US, on this 25<sup>th</sup> day of August, 2003.

17856 U.S. PTO  
10/647522  
08/25/03

MOLLY CHLEBECK  
Printed Name Molly Chlebeck  
Signature

**MAIL STOP PATENT APPLICATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

**Total pages:** 22 (including claims and abstract: Spec. 15 sheets; Claims 6 sheets; Abstract 1

☒ **Drawings:**

Total sheets: 5

☒ formal ☐ informal

☒ **Combined Declaration and Power of Attorney:**

☒ unexecuted

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

☒ **Accompanying application parts:**

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

**IF A CONTINUING APPLICATION:**

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application  
No. .

☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐ Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing fee .  
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: \_\_\_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.


X Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455  
Telephone: (763) 514-4842  
Facsimile: (763) 505-2530  
No. 27,581

FEE CALCULATION	No. of Claims			No. of Extra Claims	Rate	Fee
	Filed	Claims Included in Base Fee				
Total Claims	41	20	=	21	x 18	\$378.00
Independent Claims	3	3	=	0	x 84	\$0.00
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$750.00
TOTAL						\$1,128.00

X Charge Deposit Account No. 13-2546 in the amount of \$1,128.00 for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

August 25, 2003  
Date

  
\_\_\_\_\_  
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